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TO: United States Patent & Trademark Office
Group Art Unit 2673
Examiner: V. Shankar

FROM: Michael K. O'Neill (Reg. No. 32,622)

RE: U.S. Application No. 10/066,569
Our Ref. No. 00862.022512.

FAX NO.: (703) 872-9306

DATE: June 21, 2004

NO. OF PAGES: 11
(including cover page)

TIME: 1:30 p.m.

SENT BY: *Michael K. O'Neill*

MESSAGE

Attached are the following papers for the above-identified application:

Response Under 37 C.F.R. § 1.116
(in response to Official Action dated April 21, 2004); and
Transmittal For Amendment.

Expedited Procedure is respectfully requested.

Certificate of Transmission

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Response Under 37 C.F.R. § 1.116
Expedited Procedure, Group Art Unit 2673

In re Application of:

KATSUYUKI KOBAYASHI, ET AL.

Application No.: 10/066,569

Filed: February 6, 2002

For: COORDINATE INPUT APPARATUS,
CONTROL METHOD THEREFOR,
AND COMPUTER-READABLE MEMORY

Docket No. 00862.022512.

Examiner: V. Shankar

Group Art Unit: 2673

Date: June 21, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$9 \$18	.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	.00
Fee for Multiple Dependent claims \$145 ^o /\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						.00

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ An Information Disclosure Statement and a check in the amount of \$_____ to cover the Information Disclosure Statement fee are enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 32622

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